

John D. Pamplin
WSSC POB 7007
CARSON City, NV
89702

United States District Court
District of Nevada

John D. Pamplin

Case No: 320 cv 000111 MMD-CLB

VS

C. Lucas

Plaintiff's Motion Opposing Defendant's
Summary Judgment Motion

Plaintiff's John David Pamplin, wh, Pro Se, Respectfully
Submits this Opposition to Defendant's Motion for Summary
Judgment. This motion is based on the following Memorandum
of Points And Authorities. The attached Exhibits And
Declaration and all papers and Readings on file.

Memorandum of Points and Authorities

1 Introduction And Procedural history

Plaintiff John D. Pamplin Currently housed at Warm Springs
Corrections Center. In The Complaint Pamplin Sues Multiple
Defendants for the events that took place while Pamplin was
incarcerated at Warm Springs Correctional Center And The Courts
found that Pamplin States a Colorable Eighth Amendment Claim
Against Defendant Candis Hambur formerly known as
C. Lucas And K. McCullah The Court stated that the
Complaint alleges facts sufficient to show that both

Defendants Candis Rambur And K. McCullah Knew that Pamplin had droppot, Righthip and Back injuries that Caused Pamplin Pain When he had to Climb up and down the hill. But, Unreasonably and deliberately Chose Not to help OR Transfer Pamplin to Address the Problem. Then They All Baselessly Claimed the Yard is a BARRIER free Yard which Caused Pamplin Prolonged Pain and More injuries.

In Pamplins Complaint he Complained to Rambur and McCullah that his housing situation Required him to Walk up and down the hill And he was Having difficulties walking and experiencing Pain due to his medical Condition. Pamplin further Claim that Rambur and McCullah denied his Request to be accommodated through Transfer to a flat yard OR denied all Pamplins Cries for help even a Transfer to another Unit on the yard. But Both Claimed that the Yard where he was housed is BARRIER free even though Pamplin had informed them of the Problems posed by the hill. Within the Screening the Court found that the Complaint adequately State that ~~Pamplin~~ Defendant Rambur And McCullah deliberately Refused to accommodate Pamplins disability- Related Mobility needs and his ADA Claim was allowed to Proceed against Both Candis Rambur And K. McCullah. Therefore, Pamplin was allowed to Proceed on 2 Claims against 2 Defendants.

11. Statement of Undisputed facts

On September 12, 2018 Pamplin was Classified Pursuant to a Settlement agreement in a Prior Civil Matter, to Be Transferred

From Elly State Prison to Warm Springs Correctional Center
 Exhibit 1 Prior to his move Pamplin was Classified By Medical
 To Be Restricted to a Barrier free yard OR institution.
 The Only limitation is that he could Not Be housed at
 High Desert State Prison. Upon Arrival at WSCC Pamplin
 kited Medical Requesting a Transfer to a flat yard OR
 Transfer me to the lower flat yard here at Warm Springs
 But, Both Rambur OR McCullah Denied all Pamplins
 Request for both Transfers to a Lower yard here at
 Warm Springs And A Transfer to another flat yard Prison
 Yet, Both Rambur And McCullah States Warm Springs
 is a Barrier free yard Clearly they Both are Untrue
 Statements. On January 24, 2019 Pamplin was seen By
 Medical. NO Evaluation was done with Ortho Pro in regards
 to a dropfoot Brace which was Not done untill August
 1, 2019 at UNVCC Pamplin Receive Dropfoot Brace
 Then On September 24, 2018, Pamplin file a grievance Stating that
 he has a flat yard restriction And he was in pain walking to
 Chow hall And Pill Call up and down the Steep hill
 In Response Nurse McCullah And Nurse Rambur Again
 lies Make false Statement Concerning the hill at Warm Springs
 Pamplin, Was Only Trying to Stop his Pain And Suffering walk
 up And down the hill Not Trying to dictate Pamplins
 Placement within the NDOC as the Defendants States.
 If The Nurses or Medical had done there Job we
 or Pamplin would Not had to file this Civil
 Complaint.

Argument Opposing Summary Judgment

A- Pamplin is entitled to Recover On his Eighth Amendment Claim. Rule 56(e) itself provides that a Party Opposing a Motion for Summary Judgment must set forth specific facts showing that there is a genuine issue for Trial. Estelle v. Gamble 429 US 97 (1976) clearly states "A Prison official Violates the Eighth Amendment when he acts with deliberate indifference to a serious medical need of an inmate And the deprivation was serious enough to constitute Cruel And Unusual Punishment. Here Pamplin clearly wrote Medical on many occasions concerning this very important matter. Exh#1 Entitled Medical Kite 9/18/18 Pamplin states he was in pain walking up + down the steep hill. Pamplin also state to Medical that he's got a Flat yard Medical Restriction in his file And Then Ask Medical to Place him on the lower flat part of the yard at WSCC OR Transfer him to a flat yard. NO Response from Medical at all Exh#2 Entitled Inmate Request Kite 9/19/18 He Pamplin Again Write a Kite to Caseworker Henley stating his flat yard Restrictions And He's in great Pain Walking up And down the steep hill Plus Ask to Transfer him to the lower yard OR Transfer him to A flat yard to Relieve him of the pain And Suffering Caused by walking up and down this steep hill. Again (Nothing is done) The Response is WSCC is A flat yard Pamplin is housed appropriately Exh#3 Entitled Inmate Request Kite dated 9/20/18 Pamplin Again Kite Caseworker Adams for help Adams Response

is el dont Move inmates to Unit 1 or Unit 2
 Pamplin Clearly Made the Appropriate Request to Move
 to the lower Part of WSCC were the yard is flat
 OR Move him to A flat yard And Again
 Nothing is done And Pamplin Continues to Suffer
 Exh #4 Inmate Request Kite dated 10/15/18 After Henley
 Pamplin Again States hes in great Pain And Suffering
 Walking up and down this hill. He States hes wrote
 Medical yet Nothing is done to help. He Again ask
 to Move to the flat part of WSCC to Relieve the
 Pain And Suffering Again CCS II Respond 10/18/18
 All of WSCC is Considered a flat yard

Clearly WSCC is Not A flat yard
 Exh #5 Inmate Grievance Informal, first level And
 Second level which On 9/25/18 R.N K. McCullah
 Respond to informal Grievance Stating Again WSCC is
 A BARRIER free yard, And if you having difficulty
 Walking due to Medical issues Please Kite
 Which R.N. McCullah Denied the first level
 Deliberately Disregarding my Serious Medical issue
 which I had wrote Medical Kites On 9/18/18
 R.N. McCullah Clearly was aware of my Serious
 Medical Needs yet Refuse to help me. Again On
 9/25/18 R.N RambuR Responds to first level Grievance
 Again States WSCC is Considered a BARRIER free
 yard. Again R.N RambuR Clearly aware of my
 Medical Needs yet Denied the Grievance without

Given any Medical Attention. There Only Concerns are
 the yard is considered a barrier from yard
 NO consideration for Rampins dropped & lower
 back injuries. Both RN Rambur And RN McCallan
 purposefully failed to Respond to Rampins serious
 Medical injuries causing Pain And suffering Plus
 further injuries to Rampins Right hip and lower
 back. Both Rambur And McCallan are liable
 B. Rampin is entitled to Recover Under the
 Americans With Disabilities Act
 Americans with Disabilities Act 42 USC And
 the Rehabilitation Act RA. *Hernandez v. Schwab*
 (202 F.3d 1058 (9th Cir. 2010)) Pursuant to ADA
 No disabled individual shall be Reason of disability
 be excluded from participation in or be denied the benefits
 of service programs or activities of public entity or be
 subject to discrimination by any such entity. They
 Pursuant to Rehabilitation Act be excluded from participation
 in or be denied the benefits of or be subjected to
 discrimination under any program or any activity. Rampin
 shows he was excluded from going to Groves Church And
 Fill Call plus other activities the Reason has based on his
 Physical handicap. Both RN Rambur And McCallan denied
 Rampin to the lower part of the Flat yard so he would
 not injure himself yet both RN Nurses fail to
 Provide Medical For that Reason they Violated ADA

C. Pamplin Has Been Properly Reviewed
by Medical Practitioner

Pamplin Submits Exh # 6 Entitled Receipt of
Prosthetic Medical Device

1. Single Point Canes Dated 2/02/18
2. Right AFO Prosthetic Medical Device Dated 8/1/19
3. Orthopedic Mens Shoes Dated 3/22/19

There was a Medical Examination between Pamplin
and the Provider which Made OR deemed
that Pamplin was disabled and had a great
Need of these Medical Devices to Support his
Walking Disabilities

Conclusion

Dombrowski 87 Sct 1427 States Summary
Judgment Will be denied if evidence is Controverted
Because When evidence is Controverted, Assertions become
Credible for Purpose of Motion for Summary Judgment Law!
Both Defendants Claims they are Not liable because they
Only Responded to the Grievances. But Both RN Rambur and
RN McCullagh had full Knowledge of Pamplins injuries
Yet They Both Denied to help Denied to provide Medical
Denied to even See Pamplin When Clearly Pamplin
made Medical aware of the Pain and Suffering he was
having walking up and down the steep hill yet
They Both Allege the yard in a flat yard
D. Neither Defendant is Entitled to Qualified

Immunity. RN Rambue And K. McCullagh Both are Denied Summary Judgment On Pamplin's Eighth Amendment And American with Disabilities Act Claims. Pamplin Was Not Treated Appropriately. Pamplin was suffering Great Pain And Continues to suffer great pain in his lower Back And Right hip due to the lack OR Denied Treatment By these Defendants. Pamplin, done the proper protocol by writing the Caseworker's many time, Writing Medical many times. Yet, Pamplin Was Denied Treatment Denied all Crys for help NO Assistance at All By the Defendants

Therefore It is Respectfully Requested that this Court Deny the Defendants Motion for Summary Judgment

Exhibits

- 1) Medical Kites
- 2) Inmate Request Kites Dated 9/19/18
- 3) Inmate Request Kite Dated 9/20/18
- 4) Inmate Request Kite Dated 10/15/18
- 5) Grievance Inmate, First Second
- 6) Prosthetic Receipts
- 7) Pamplin's Declaration

Dated this 26th Nov 2021

By John Q. Pamplin 74405
WCCC POB 7007
8 Carson City, NV 89702

EXHIBIT  1

Medical Kite

ON Back

Dated 9/18/18

EXHIBIT  1

PRINT NAME: <u>Pamplin John</u> <small>(Also print name and ID# at bottom of form where indicated)</small>		ID#: <u>74405</u>
Institution: <u>ESP</u>		DOB: <u>11/27/71</u>
Date submitted: <u>9/18/18</u>		Signature: _____
Medical: <input checked="" type="checkbox"/>	Dental: <input type="checkbox"/>	Mental Health: <input type="checkbox"/>
Nursing: <input type="checkbox"/>	Other: _____	
Reason for request: (Describe below)		
<u>Yes we walk up and down this hill 8/10/12 times daily</u> <u>and when in great pain in my right hip and lower back</u> <u>there's a flat yard medical restriction on file Yet, SMD</u> <u>Classified me here knowing there's this hill we can not</u> <u>continue to suffer in pain walking too slow & pill call.</u> <u>either move me to this lower yard OR Transfer me to a flat yard.</u> <u>DO NOT WRITE IN AREA BELOW</u>		
Response to request:		
<u>1/24/19</u>		
<u>run</u>		
<u>✓</u>		
<input type="checkbox"/> Appointment Schedule for: ____/____/____ Rescheduled for: ____/____/____ <input type="checkbox"/> No visit necessary <input type="checkbox"/> No Show for Appointment <input type="checkbox"/> Refused to be seen. DOC 2523-Release of Liability signed BY: <u>Ch</u>		
RECEIVED SEP 18 2018		
PRESCRIPTIONS		
<input type="checkbox"/> KOP <input type="checkbox"/> NON-KOP <input type="checkbox"/> Order Date: ____/____/____		
PLAN		
<input type="checkbox"/> Follow-up appointment ____/____/____ <input type="checkbox"/> Return if needed <input type="checkbox"/> No follow-up required		
Signature/Title of Provider _____		Date ____/____/____
NEVADA DEPARTMENT OF CORRECTIONS		NAME: <u>Pamplin John</u>
MEDICAL KITE and/or SERVICE REPORT		Last First MI
		ID#: <u>74405</u>
		Unit/Cell#: <u>4B4</u>

DOC 2500 (03/18)

11

Duncan Respond On
9/24/18

Inmate Request Kite
Dated 9/19/18
To: Henley

Exhibit # 2

Exhibit # 3

Inmate Request Kite
Dated 9/20/18

To: Adams

Adams Respond On
9/21/18

INMATE REQUEST FORM

1) INMATE NAME <u>John J. Sampson</u>	DOC # <u>74405</u>	2) HOUSING UNIT AND CELL <u>4B4</u>	3) DATE <u>9/19/18</u>
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4) REQUEST FORM TO: (CHECK BOX)

☒ CASEWORKER ☐ MEDICAL ☐ MENTAL HEALTH ☐ CANTEEN

☐ EDUCATION ☐ VISITING ☐ LAW LIBRARY ☐ DENTAL

☐ LAUNDRY ☐ PROPERTY ROOM ☐ SHIFT COMMAND ☐ OTHER _____

5) NAME OF INDIVIDUAL TO CONTACT: Ms Adams " Henley"

6) REQUEST: (PRINT BELOW) I have flat yard Restrictions And im housed on this upper yard which alm walking up and down 8,10,12 times daily in great pain either transfer to the lower Units here OR Transfer me to a flat yard. CMO Should. Never put my on this hill knowing blue got this medical issues Im in great pain Please help!

7) INMATE SIGNATURE John J. Sampson DOC # 74405

8) RECEIVING STAFF SIGNATURE _____ DATE _____

9) RESPONSE TO INMATE

WSSC is a flat Yard
are housed appropriately. Henley

RESPONDING STAFF SIGNATURE [Signature] DATE 9-24-18

INMATE REQUEST FORM

1.) INMATE NAME <u>John R. Pamplin</u>	DOC # <u>74405</u>	2.) HOUSING UNIT <u>4B4</u>	3.) DATE <u>9/20/18</u>
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4.) REQUEST FORM TO: (CHECK BOX)

<input checked="" type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> SHIFT COMMAND	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT:

Ms Adams

6.) REQUEST: (PRINT BELOW)

I'm willing to take any & all programs
Just to move from this hill it's very painful to walk up &
down 8, 10 even 12 times daily to Chapel, P/L Cell, Law Library, Church
Please help me! we have flat yard restriction & Aint no
way this yard is considered flat Not upon this hill

7.) INMATE SIGNATURE

Thanks in advance

DOC #

74405

8.) RECEIVING STAFF SIGNATURE

DATE

9.) RESPONSE TO INMATE

I dont move inmates to unit 1 or unit 2
Please kite CCS Hilderbrand to see if you
qualify for the Phoenix program. Attached is an
app. for Re-entry (unit 1)

10.) RESPONDING STAFF SIGNATURE

Adams

DATE

9/21/18

Third Kite

INMATE REQUEST FORM

1) INMATE NAME <u>Pamplin John</u>	DOC # <u>74405</u>	2) HOUSING UNIT AND CELL <u>4B4</u>	3) DATE <u>10/15/18</u>
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4) REQUEST FORM TO: (CHECK BOX)

☒ CASEWORKER☐ MEDICAL☐ MENTAL HEALTH☐ CANTEEN☐ EDUCATION☐ VISITING☐ LAW LIBRARY☐ DENTAL☐ LAUNDRY☐ PROPERTY ROOM☐ SHIFT COMMAND☐ OTHERHenley

5) NAME OF INDIVIDUAL TO CONTACT:

Attention Henley!

6) REQUEST: (PRINT BELOW)

Yes, Mr Henley who is disabled with
Drop foot Right Hip & lower back injuries And Walkin
up and down this hill 12 to 14 times daily is
Causing me great pain and suffering we wrote medical
Concerning this issue Yet Nothing is being done So
Move me to the flat part of the yard OR transfer
me to NNCC
Thanks in advance

7) INMATE SIGNATURE

John Pamplin

DOC #

74405

8) RECEIVING STAFF SIGNATURE

DATE

9) RESPONSE TO INMATE

All of WSCC is considered a flat
yard. If medical feels you need
to transfer to NNCC they will
advise your caseworker

RESPONDING STAFF SIGNATURE

[Signature] CCS11

DATE

10-18-18

INMATE REQUEST FORM

1.) INMATE NAME <u>John D. Pamplin</u>	DOC # <u>74405</u>	2.) HOUSING UNIT <u>4B1</u>	3.) DATE <u>11/18/18</u>
---	-----------------------	--------------------------------	-----------------------------

- 4.) REQUEST FORM TO: (CHECK BOX)
- ☐ CASEWORKER ☐ MEDICAL ☐ MENTAL HEALTH ☐ CANTEEN
☐ EDUCATION ☐ VISITING ☐ LAW LIBRARY ☐ DENTAL
☐ LAUNDRY ☒ PROPERTY ROOM ☐ OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT

Attentio Stg Johnson

6.) REQUEST: (PRINT BELOW)

Due to my dropfoot medical issue And
The hip pain I'd like to try a pair of boots to support
my walking disability And for the dropfoot Which Medical
Should provide me with some proper supporting
Shoes Anyways If possible a 11 1/2 Boot would work
untill medical makes a move.

Thanks in advance Stg Johnson

7.) INMATE SIGNATURE

John D. Pamplin

DOC #

74405

8.) RECEIVING STAFF SIGNATURE

DATE

9.) RESPONSE TO INMATE

BOOTS ARE ONLY GIVEN OUT
TO CERTAIN WORKERS. LEGALLY, I
CANNOT ISSUE YOU BOOTS FOR MEDICAL
REASONS.

10.) RESPONDING STAFF SIGNATURE

[Signature]

DATE

11/20/18

Exhibit # 4

Inmate Request Kite
Dated 10/15/18

To: Henley

Dancon Respond On
10/18/18

EXHIBIT 5

On Back

Inmate Grievance Report

Informal Grievance 9/14/18

First level Grievance 11/6/18

Second level Grievance 11/27/18

EXHIBIT 5



State of Nevada
Department of Corrections

INMATE GRIEVANCE REPORT

ISSUE ID# 20063071940

ISSUE DATE: 09/25/2018

INMATE NAME PAMPLIN, JOHN D		NDOC ID 74405	TRANSACTION TYPE RYRN_INF	ASSIGNED TO K MCCULLAH	
LEVEL IF	TRANSACTION DATE 10/10/2018	DAYS LEFT 5	FINDING Denied	USER ID BRHILL	STATUS A
INMATE COMPLAINT					
OFFICIAL RESPONSE					
<p>Inmate Pamplin- WSSC is considered a barrier free institution. If you are having difficulty walking due to medical issues, please follow proper protocol by submitting a kile to be seen by a medical provider, and you will be scheduled accordingly. Grievance is denied. K. McCullah, R.N.</p>					

Kem McCullah 15 Oct 2018
GRIEVANCE RESPONDER

Report Name: NVRIGR
Reference Name: NOTIS-RPT-OR-0217.4
Run Date: OCT-10-18 10:42 AM

Page 1 of 1

PAMPLIN 111: Def. MSJ Exh. 7 - 001

Log Number 20063071940

Medical

NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCENAME: John D. Pamplin I.D. NUMBER: 74405INSTITUTION: Warm Springs UNIT: 4B 4

GRIEVANT'S STATEMENT: Yes, I'm in pain due to long walk to chow
and fill twice daily down hill going and up the hill back
Now, we've got a flat yard restriction from the Doctor
because of my injured right hip and lower back. Yet,
NDOR Classified me to this hill in violation to Doctors

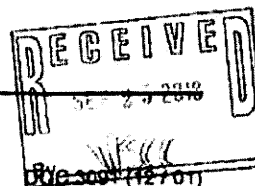
SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: John D. Pamplin DATE: 9/14/18 TIME: 10:00 AMGRIEVANCE COORDINATOR SIGNATURE: MDA DATE: 9/14/18 TIME: GRIEVANCE RESPONSE: See attached, dated 10/10/18CASEWORKER SIGNATURE: DATE: GRIEVANCE UPHELD ☒ GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740GRIEVANCE COORDINATOR APPROVAL: MDA DATE: 9/14/18 INMATE AGREES ☒ INMATE DISAGREESINMATE SIGNATURE: John D. Pamplin DATE: 10/19/18

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
 Canary: To Grievance Coordinator
 Pink: Inmate's receipt when formal grievance filed
 Gold: Inmate's initial receipt

Rec'd 9/17/18
@ 11:30am AD



PAMPLIN 111: Def. MSJ Exh. 7 - 002

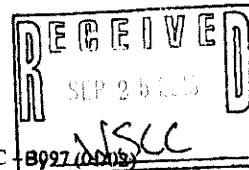
**NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM**

NAME: John D. Pamplin I.D. NUMBER: 74485
 INSTITUTION: Warm Springs UNIT #: 4A
 GRIEVANCE #: 1 GRIEVANCE LEVEL: Informal
 GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

Strict Orders I'm requesting an immediate
Transfer to a flat yard to relieve me of
the suffering and pain trying to walk too
and from chow hall a pill call twice daily
up and down this hill. OK Ad for me
so I don't have to further injure myself by
walking these great distance without the
medical drop foot brace which As of yet
has Not been provided since the officer
told it in 2013 Please help with this
most important matter.

Thanks in advance

Original: Attached to Grievance
 Pink: Inmate's Copy



PAMPLIN 111: Def. MSJ Exh. 7 - 003

Log Number

20063071945

NEVADA DEPARTMENT OF CORRECTIONS
FIRST LEVEL GRIEVANCENAME: John D. Pamplin I.D. NUMBER: 74405
INSTITUTION: WSSC UNIT: 4A4I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 20063071940, IN A FORMAL MANNER. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

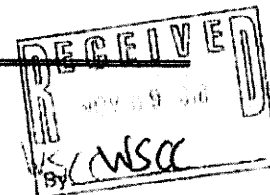
SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: John D. Pamplin DATE: 11.6/18WHY DISAGREE: Resubmitting First level didn't provide all documentation which. Now I included in formal with Report Statement And First level with. Improper memo. Yes, I'm in great pain due to the long walk up and down the hill going to will call. I chew twice daily which I've got a flat yard restriction.GRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 11/8/18

FIRST LEVEL RESPONSE:

see attached, dated 11/19/18GRIEVANCE UPHOLD ☒ GRIEVANCE DENIED ☐ ISSUE NOT GRIEVABLE PER AR 740WARDEN'S SIGNATURE: [Signature] TITLE: Warden DATE: 11/15/18GRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 11/15/18INMATE AGREES ☒ INMATE DISAGREES ☐INMATE SIGNATURE: John D. Pamplin DATE: 11/27/18

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A SECOND LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
Canary: To Grievance Coordinator
Pink: Inmate's receipt when formal grievance filed
Gold: Inmate's initial receiptRec'd
11-7-18
H

DOC 3093 (12/01)

PAMPLIN 111: Def. MSJ Exh. 7 - 005



**State of Nevada
Department of Corrections**

INMATE GRIEVANCE REPORT

ISSUE ID# 20063071940

ISSUE DATE: 09/25/2018

INMATE NAME PAMPLIN, JOHN D		NDOC ID 74405	TRANSACTION TYPE RTRN_L1	ASSIGNED TO CLUCAS	
LEVEL 1	TRANSACTION DATE 11/19/2018	DAYS LEFT 4	FINDING Denied	USER ID BRHILL	STATUS A
INMATE COMPLAINT					
OFFICIAL RESPONSE					
<p>Inmate Pamplin, as stated in the answer in your informal grievance WSCC is considered a barrier free yard. We will schedule you with a provider to discuss your classification and need for a new AFO. If the provider agrees you need a new AFO, it will be submitted to the Utilization Review Committee for approval. If approved you will be scheduled with Ortho Pro and a new AFO will be ordered. Grievance denied.</p>					

GRIEVANCE RESPONDER

Report Name: NVRIGR
Reference Name: NOTIS-RPT-OR-0217.4
Run Date: NOV-19-18 02:00 PM

Page 1 of 1

PAMPLIN 111: Def. MSJ Exh. 7 - 004

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LOG NUMBER: 20063071940NEVADA DEPARTMENT OF CORRECTIONS
SECOND LEVEL GRIEVANCENAME: John D. PamplinID NUMBER: 74405INSTITUTION: WSCCUNIT: 4B3I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 20063071940, ON THE SECOND LEVEL. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature]DATE: 11.27.18WHY DISAGREE: Submitting Second level with all documents to informal & report statement attached and first level and memodelm in great pain due to the long walk up and down this hill going to pill call and show twice daily which she got a flat gated restriction due to my injured right hip and lowerGRIEVANCE COORDINATOR SIGNATURE: [Signature]DATE: 1/24/19

SECOND LEVEL RESPONSE

____ GRIEVANCE UPHOLD ____ GRIEVANCE DENIED ____ ISSUE NOT GRIEVABLE PER AR 740

SIGNATURE: [Signature]TITLE: MDDATE: 2/19/19GRIEVANCE COORDINATOR SIGNATURE: [Signature]DATE: 2/19/19

INMATE SIGNATURE: _____

DATE: _____

THIS ENDS THE FORMAL GRIEVANCE PROCESS

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

Recvd

11-26-18

DOC 3094 (12/01)



**State of Nevada
Department of Corrections**

INMATE GRIEVANCE REPORT

ISSUE ID# 20063071940

ISSUE DATE: 09/25/2018

INMATE NAME PAMPLIN, JOHN D		NDOC ID 74405	TRANSACTION TYPE RTRN_L2	ASSIGNED TO MMINEV	
LEVEL 2	TRANSACTION DATE 02/07/2018	DAYS LEFT	FINDING Resolved	USER ID VAUSTIN	STATUS A
INMATE COMPLAINT					
OFFICIAL RESPONSE					
<p>Mr. Pamplin, Upon review of your Second Level Grievance and prior Informal and First Level responses your Grievance is resolved. You recently saw the provider at WSCC. You discussed WSCC as a 'Barrier Free Yard?'. The distance from Unit 4 to Culinary and Pill call is not greater than 200 yards. You can generally get your pills at the same time you get meals. He did put in a request for a new foot brace which UR has approved and you will be scheduled to see Ortho Pro, accordingly. You have also been prescribed medication for your pain management. I believe all of your concerns have been addressed and resolved.</p>					

Michael Pineda
GRIEVANCE RESPONDER

Page 3 of 4

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.4

Run Date: FEB-07-19 02:59 PM

PAMPLIN 111: Def. MSJ Exh. 7 - 006

24

**NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM**

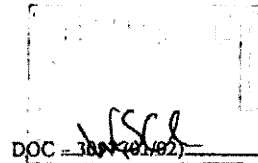
NAME: Pamplin I.D. NUMBER: 74485
 INSTITUTION: WSSC UNIT #: U4B3
 GRIEVANCE #: 20063071940 GRIEVANCE LEVEL: Second

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

back yet NDOC Classified me to this prison with a steep hill in violation of the doctors orders am requesting a immediate transfer to a flat Prison yard which would relieve me of the suffering and pain of daily walking up & down this hill Also provide me with a dropfoot brace which The doctor has approved. As of date I have not received a dropfoot brace to support my walking disability. Clearly there a steep hill here at WSSC which is causing great pain and suffering. And Please provide me with the dropfoot brace Plus shoes to help support my walking disability.

Thanks in advance

Original: Attached to Grievance
 Pink: Inmate's Copy



PAMPLIN 111: Def. MSJ Exh. 7 - 008

26

1. Singl Prost Can Dated 2/2/18
2. Right AFO Prosthetic Medical Device
3. Orthopedic Mens Shoes Dated 3/22/21

Exhibit # 6
Entitled Receipts of Prosthetic
Medical Devices

Returnable Items:

You are being given a prosthetic or medical device that is the property of Nevada Department of Corrections. Abuse, misuse, or loss of the device will be your responsibility. You will be responsible for replacement of the device at your own expense if it is not returned after use.

I have received the following RETURNABLE item(s):

ITEM / TYPE / ID#	ISSUING INSTITUTION	DATE	INMATE SIGNATURE	STAFF WITNESS
1. <u>single point cane</u>	<u>WSEC</u>	<u>02/02/18</u>	<u>X [Signature]</u>	<u>Greenew</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Non-Returnable Items:

I have received the following NON-RETURNABLE item(s):

ITEM / TYPE / ID#	ISSUING INSTITUTION	DATE	INMATE SIGNATURE	STAFF WITNESS
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

NEVADA DEPARTMENT OF CORRECTIONS

**RECEIPT FOR
PROSTHETIC/MEDICAL DEVICE**

NAME: Pamplin, John

Last

First

MI

ID# 74405

Reference Medical Directive #410

DOC 2522 (03/17)

Returnable Items:

You are being given a prosthetic or medical device that is the property of Nevada Department of Corrections. Abuse, misuse, or loss of the device will be your responsibility. You will be responsible for replacement of the device at your own expense if it is not returned after use.

I have received the following RETURNABLE item(s):

ITEM / TYPE / ID#	ISSUING INSTITUTION	DATE	INMATE SIGNATURE	STAFF WITNESS
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Non-Returnable Items:

I have received the following NON-RETURNABLE item(s):

ITEM / TYPE / ID#	ISSUING INSTITUTION	DATE	INMATE SIGNATURE	STAFF WITNESS
1. <u>Right AFD</u>	<u>NNCC</u>	<u>8-1-19</u>	<u>[Signature]</u>	<u>[Signature]</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

NEVADA DEPARTMENT OF CORRECTIONS
**RECEIPT FOR
PROSTHETIC/MEDICAL DEVICE**

NAME: Pamplin John
Last First MI
ID# 74405

Reference Medical Directive #410

DOC 2522 (03/19)

OrthoPro Carson City
415 W. Sophia Street Ste 200
Carson City, NV 89703-8815
(775) 841-0660

74405

Quote # 26792
Date 03-22-19

Bill To:
Hometown Health/DOC
PO Box 981703
El Paso TX 799981703

Provided To:
John Pamplin
PO Box 7000
Carson City NV 89702

Diagnosis Code : M21.371

SRV FROM	QTY	ITEM	DESCRIPTION	FEE	TOTAL
03-22-19	1	L1960 RT	Afo pos solid ank plastic mo	686.13	686.13
03-22-19	1	L2820 RT	Soft interface below knee se	107.50	107.50
03-22-19	2	L3219 RT LT	Orthopedic mens shoes oxford	70.00	140.00
03-22-19	2	L3040 RT LT	Ft arch suprt premold longit	45.60	91.20
				Subtotal	1024.83

Total : 1024.83
Discount : 265.45
Total Due : 759.38

NOTE
ID : 0000074405

noted/done
copy to 1/2

04/09/19
amb

Certificate of Service

I Certify that I am the Plaintiff And that
on this 29th Day of Nov 2021 I Cause to
be Served A True and Correct Copy of the
foregoing Opposition to Defendants Summary
Judgment by Placen it in US Mail

To Clerk of US District
400 S. Virginia St Room 301
Reno, NV 89501

By John L. Pamph

Pampolin, John 74405
WSEC POB 7007
Carson City, NV

39702

Mail Out

11/29/20

Legal
Confidential

37116

View Me @ Write A Prisoner.com

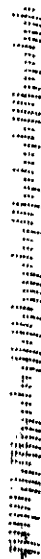
OFFICE OF THE ATTORNEY GENERAL
LAS VEGAS, NEVADA

DEC 06 2021

ADMINISTRATION



Douglas Rands.
555 E. Washington
Las Vegas, NV
89101



19 yrs Actually innocent of All Elements of 1st Degree Murder
Due to Fundamental Miscarriage of Justice, Ineffective Counsel
Racism And Fraud

Seeking legal And
Moral Support

Please Post My Story Online Show the World Judicial Racism in Nevada

Rampin John 74405
WSEC POB 7007
Carson City, NV
89702
Mail Out 1/7/22

3714

View Me @ Write A Prisoner.com

FIRST-CLASS MAIL

quadrant

01/12/2022 \$001.76

US POSTAGE



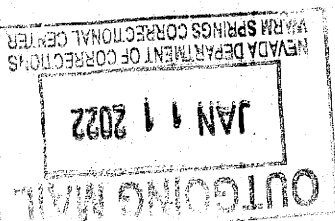
ZIP 89701
041M12254125

LEGAL MAIL
CONFIDENTIAL

XRAYED US MARSHALS

US Fed District Court Clerk
400 S. Virginia St Room
#301
Reno, NV 89501

19 yrs Actually Innocent of 1st Degree Murder
See Pending Habeas @ 8th District Clark County, NV.
Case # A 18779247.W



Please Post My Information Online
Show the Racism And Evilness in N.V. Justice System